

***Take the
Baby-Friendly
Initiative!***



**A global effort with hospitals,
health services and parents
to breastfeed babies
for the best start in life**



unicef

THE BABY-FRIENDLY

Imagine that the world had invented a new 'dream product' to feed and immunize everyone born on Earth. Imagine also that it was available everywhere, required no storage or delivery—and helped mothers to plan their families and reduce the risk of cancer.

Then imagine that the world refused to use it.

Towards the end of this century of unprecedented discovery and invention, even as scientists discover the origins of life itself, this scenario is not, alas, a fiction. The 'dream product' is human breastmilk, available to us all at birth, and yet we are not using it.



HOSPITAL INITIATIVE

Quite simply but quite certainly, breastfeeding is now an endangered practice around the world, in both rich and poor countries:

- ▲ There is a universal increase in feeding babies with infant formulas instead of breastmilk and a decline in breastfeeding, especially exclusive breastfeeding.
- ▲ Too many hospitals, the sources and symbols of modern medical practice, hinder breastfeeding through practices such as separating the newborn baby from the mother immediately after birth.
- ▲ Every year over 1 million infants die, and millions of others are impaired, because they are not adequately breastfed.

In all parts of the world babies are being born into unfriendly environments, victims of widespread poverty, rapid urbanization and relentless marketing of breastmilk substitutes.

This is happening despite overwhelming scientific evidence that human breastmilk is vastly superior to anything available from our most sophisticated technologies. Science is rediscovering what our great-grandparents already knew: that breastfeeding is Nature's perfect 'room service' for newborns, no matter where they are born.

Yet this knowledge, both ancient and modern, is not being widely practised by the world's health-care institutions. Ironically, the nearer a mother is to most modern hospitals the greater the pressures are to stop breastfeeding.

Of the world's 4,237 species of mammals, *Homo sapiens* is the only one threatening Nature's proven method of caring for its newborns. It is clearly time to re-establish the common sense of breastfeeding as common practice.

With support from world leaders, health experts and non-governmental organizations (NGOs), the United Nations Children's Fund (UNICEF) and

the World Health Organization (WHO) have now launched the baby-friendly initiative to convince hospitals, health services and parents that breastfeeding gives babies the best possible start in life.

Baby-friendly hospitals

The UNICEF-WHO initiative has set a specific target of achieving at least two baby-friendly hospitals in each of 12 'lead' countries¹ by February 1992—and as many as possible in *all* countries by the end of 1992.

Both organizations are well aware that most of the world's babies are born away from hospitals or maternity centres. But they are also aware of the critical and pervasive effects of hospitals as the hubs of national health systems. It is in hospitals where doctors, nurses and other health workers set the national examples for health, where 'modern' standards and practices are set, where people should see how to protect, promote and support breastfeeding.

With rapid urbanization in many countries, hospitals are also under increasing pressure to serve larger numbers of poorer and less-educated people, who are the most vulnerable to the forces which inhibit breastfeeding. And, with urbanization, more babies are being born in hospitals.

Experts in child nutrition, health and development are agreed that breastfeeding is the most effective way to provide a baby with a caring environment and complete food, which gives protection against infections and disease. Yet most hospitals and maternity centres make it difficult for mothers to breastfeed. Many have become dependent on free or discounted infant formulas. They routinely separate mother and baby at birth and,

¹The countries are: Bolivia, Brazil, Côte d'Ivoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, Philippines, Thailand and Turkey.

even before the mother has a chance to breastfeed, the infant is given formula or other liquids.

So, while scientific understanding of breastfeeding has advanced beyond these practices, most of the world's health-care institutions lag behind in their support.

The idea of baby-friendly hospitals is to focus on the needs of the mother and her newborn. To become baby-friendly, hospitals and maternity centres must practise each of the ten steps to successful breastfeeding developed by UNICEF and WHO. Put in simple terms, these are:

1. Have a written breastfeeding policy.
2. Train all health staff to implement this policy.
3. Inform all pregnant women about the benefits of breastfeeding.



4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers the best way to breastfeed.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practise 'rooming in' by allowing mothers and babies to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats, pacifiers, dummies or soothers.

10. Help start breastfeeding support groups and refer mothers to them.

A baby-friendly hospital will carry out these guidelines while providing good care before, during and after delivery, treating the mother with dignity and supporting her with factual information. As baby-friendliness takes hold, preventive health care should become a regular part of the hospital's work. Regular procedures should include immunization against the six major vaccine-preventable diseases; education about and access to oral rehydration salts to treat diarrhoeal dehydration; and growth monitoring to keep a child's normal development under protective surveillance.

Baby-friendly hospitals must lead the way to a baby-friendly world.



The challenge to Nature

It is only very recently that humans have tried to replace the natural means of feeding newborns which is given to every mammalian species on Earth.

The challenge to Nature took hold in the industrialized countries in the 20th century and especially after the Second World War, which had brought many more women into the workforce. Technological advances in packaged foods made it possible to offer breastmilk substitutes to women trying to balance the pressures of their work both in and outside the home.

Aggressive marketing of breastmilk substitutes was directed at doctors and maternity units, and infant formulas quickly gained a large market. Hospitals tied to the rigorous schedules of industrialized societies encouraged the switch to regular bottle-feeding. 'Baby's bottle' became a typical advertising image of modern 'progress'.

Commercial success soon prompted manufacturers to expand their market to developing countries, where infant formula was presented as a 'modern', 'progressive' practice. Sales were boosted by distributing free samples and intensive promotion through hospitals and health centres. Nature's perfect arrangement was under worldwide attack.

For poor families in the developing world the move away from breastfeeding caused even more problems. The single supply of infant formula given free to mothers by maternity units soon became an unaffordable habit, depleting family incomes. And very few households were equipped to sterilize the bottles and teats as required. Poverty forced mothers to dilute the formula—often with unsafe water—or turn to cheaper milk substitutes with little or no nutritive value.

The result was malnutrition, infections, diarrhoeal diseases and a string of equally dangerous effects. UNICEF estimates that the abandonment of breastfeeding is a significant factor in the deaths of at least 1 million infants every year. Uncounted numbers more survive not being breastfed, only

to suffer impaired growth and development as a direct result.

By the mid-1970s it was clear that infant formula marketing techniques had outpaced health education in a fast-changing world. The assumption that 'new' meant 'improved' was costing children's lives.

A global campaign by health organizations and citizen's groups led to adoption of the International Code of Marketing of Breastmilk Substitutes by the World Health Assembly in 1981. The Code was intended to regulate the advertising and promotional techniques used to sell infant formula. But, even in the few countries that have since incorporated the Code's provisions into law, enforcement has been lax or non-existent.

Despite the Code's best intentions, the 1980s saw bottle-feeding continue to increase and breast-feeding continue to decline.



Improving the odds

Every day, between 3,000 and 4,000 infants die from diarrhoea and acute respiratory infections because the ability to feed them adequately has been taken away from their mothers. Thousands more succumb to other illnesses and malnutrition.

The more science discovers about breastfeeding, the more its unrivalled position in human nutrition and development is confirmed.

Breastmilk—the perfect food for infants: Breastmilk provides an infant's *total* nutrient requirement for the first four to six *months* of life. When combined with appropriate weaning foods, it is an invaluable source of nourishment *until past the second birthday*, preventing malnutrition by allowing the child to develop fully, using the family diet.

The baby's first immunization: Born into a world teeming with germs and infections, a newborn's strongest defence comes from colostrum, the substance produced in the first few days after birth,



which provides the baby's first immunization. Breastmilk contains antibodies and live cells which protect infants from bacterial and viral pathogens. This protection works both before and during the time the baby acquires active immunity through vaccination.



Breastfeeding bonds mother and child: Although bonding between mother and child is a continuous process, the first hours of a baby's life are particularly important. Mother and baby imprint their feel, smell and visual image on each other, which has a positive, lifelong effect on their mutual relationship. The baby's instinct for protection and nurturing at this time is remarkably strong. In natural childbirth, it is the newborn who initiates breastfeeding.

Breastfeeding prevents diarrhoea: Infants up to two months old who are *not* breastfed are at least twice as likely to have diarrhoea—and their chances of dying from its effects are up to 25 times greater. Diarrhoea kills millions of infants, and WHO says breastfeeding is the single most important measure to prevent it.

Breastfeeding contributes to birth spacing:

Frequent suckling from birth maintains high levels of progesterone in the mother's body, which inhibits ovulation and therefore pregnancy. Exclusive breastfeeding offers 98 per cent protection against pregnancy during the first six months after birth. In many parts of the world, breastfeeding prevents more unplanned pregnancies than all other methods combined.

Breastfeeding saves mothers' lives: When suckling starts within the first hour, the placenta is expelled faster and the risk of after-birth bleeding, which can kill the mother, is reduced. Breastfeeding also substantially reduces the mother's risk of breast cancer and protects against ovarian cancer. Increasing the interval between births helps both maternal health and child health and development.

Breastfeeding saves children's lives: In the developing world, the risk of death increases *by 10 to 15 times* for infants who are not breastfed during the first

three to four months of life. Among poor populations in the industrialized world, infant morbidity is also increasing as a direct result of insufficient and often unsterile bottle-feeding. Sadly, the trend towards bottle-feeding is strongest among the poorest and least-educated.

Breastfeeding saves money: Breastfeeding works perfectly well within the resources already available to mothers and families. It is an economic plus—for families, for hospitals, for communities and for countries.

- ▲ Infant formula must be paid for in hard cash, which for poor families, especially in the developing countries, can take a large proportion of family income.
- ▲ Countries often have to use precious foreign exchange to import breastmilk substitutes.
- ▲ National and community environments are strained by using scarce resources, such as energy, wood and water, for sterilization and storage.
- ▲ Hospitals waste human and material resources to feed babies artificially—and to fight the resulting diseases and infections.

Improving the odds for children's survival requires a combination of increased capacity and will. In the last decade, capacity has been increased by concentrating on low-cost technologies, such as oral rehydration therapy to prevent deaths by diarrhoeal dehydration, immunization against the six major killer diseases, and growth monitoring to detect early signs of malnutrition.

WHO and UNICEF have recently reported the remarkable achievement of immunizing at least 80 per cent of the world's children against the six major diseases of childhood. But the experience has also shown that the will of everyone, from decision makers to parents, must be constantly prodded if children's lives are to be saved.

The merits of breastfeeding are beyond dispute. The way is clear: it is the world's will which is required to support it—to take the baby-friendly initiative.

Why now?

Any action which helps women to save and improve their children's lives should be taken. But several recent developments have created a particularly favourable climate for reintroducing the world's health-care practitioners to the unparalleled benefits of breastfeeding.

- ▲ *The Convention on the Rights of the Child* entered into force in 1990: among its provisions is the legal obligation of States to provide mothers and families with the knowledge and support needed for breastfeeding.
- ▲ Also in 1990, 32 Governments and 10 United Nations agencies developed and signed the *Innocenti Declaration*, a unanimous agreement on the need for, and the route to, global support for breastfeeding. The Declaration endorsed health experts' recommendations: children should be exclusively breastfed for the first four to six months; and a complementary diet of foods



and breastmilk should continue past the child's second birthday.

- ▲ In September 1990, 71 heads of State and Government agreed at the *World Summit for Children* on a set of goals for children and development in the 1990s. In the resulting World Declaration and Plan of Action, high priority was given to re-creating an environment that would enable all women to breastfeed their children.

The stage was set for these initiatives by the tenacious work over many years of health authorities, professional groups and NGOs worried about the trend towards bottle-feeding. With world leaders committed in writing to specific goals on breastfeeding, a consortium of major international NGOs formed the *World Alliance for Breastfeeding Action* (WABA) in February 1991.

Just three months later, there was a major breakthrough: the International Association of Infant Food Manufacturers promised to stop both free and low-cost distribution of breastmilk substitutes to hospitals and maternity centres throughout the developing world by the end of 1992.

In September 1991, on the first anniversary of the World Summit for Children, there was a remarkable meeting on breastfeeding in The Hague. All forces influencing breastfeeding policies and practices were represented: governmental and non-governmental groups, consumers' organizations, infant formula manufacturers, worldwide associations of health service professionals, nurses, midwives, obstetricians, gynaecologists, trainers.

Despite the range of special interests represented, all agreed that parents, communities and health-care practitioners must be reintroduced to the critical importance of breastfeeding as the essential first step in primary health care and that the influence of hospitals and maternity centres had to be redirected. Only a global effort involving both North and South can remove the barriers to breastfeeding and return to mothers the capacity for giving their babies the healthy start they deserve. The world must once again become baby-friendly.

A baby-friendly world

Encouraged by their experience in other global child survival initiatives, UNICEF and WHO consulted their partners and selected 12 developing countries to lead the initiative. *All* countries should achieve baby-friendly goals by the end of 1992.

Hospitals and maternity centres are targeted as the critical starting place for national baby-friendly initiatives to make breastfeeding the first step in a world that allows babies to survive and thrive.



Country-level guidelines for achieving baby-friendly hospitals have been developed and are now being put into action. Four steps are suggested:

1. Make a rapid baseline survey of national breastfeeding practices, support and status.
2. Identify a national baby-friendly hospital initiative authority to oversee hospital assessment and designation.
3. Assess hospital conformity with baby-friendly criteria, identify lead training facility and develop strategy.
4. Certify and designate hospitals that conform to nationally approved criteria.

Longer-term strategies for achieving a baby-friendly world involve:

- ▲ Ensuring that all maternity centres practise all of the ten steps to successful breastfeeding.
- ▲ Taking action to fully implement all articles of the International Code of Marketing of Breast-milk Substitutes.
- ▲ Enacting and enforcing legislation to protect the breastfeeding rights of working women.
- ▲ Educating communities to value women's contributions to the health of their children, and thus to the health of the community and the world.
- ▲ Encouraging institutions to ease the tasks of motherhood with convenient antenatal care, respect from health workers, good obstetric services and patient-focused delivery procedures.
- ▲ Providing women with counselling and clinical services for breastfeeding and birth spacing.
- ▲ Enlisting community, health, religious and political leaders to promote the primary health care principles of preventive health education and empowerment of mothers.

Breastfeeding is an endangered practice. It needs an entire culture to support and nurture it back to its full, potent strength. It is time to take the baby-friendly initiative!

*Further information may be obtained from your nearest
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